



CITY of ASHEVILLE ~ BUNCOMBE COUNTY

MINORITY BUSINESS PROGRAM

Application for Certification

Mail to: Asheville ~ Buncombe
Office of Minority Affairs
28 Valley Street
Asheville, NC 28801

(828) 250-4120 Phone
(828) 250-6080 Fax

Email: leronica.casey@buncombecounty.org

Websites: www.buncombecounty.org and www.ci.asheville.nc.us

Please Note: Prior to any firm applying for certification as a minority or woman-owned business, they must have been in business for at least six (6) months.

1. Name of Firm: _____
2. Mailing Address of Firm: _____
Street Address (if different from above) _____
City _____ County _____ State _____ Zip _____
3. Telephone Number (____) _____ Fax (____) _____
Email Address _____
Pager (____) _____ Cell Phone (____) _____
4. Contact Person / Title: _____
5. This firm is ☐ Sole Proprietorship ☐ Partnership ☐ Joint Venture ☐ Corporation
☐ Limited Liability ☐ Other (please specify): _____
6. This firm is seeking certification as a ☐ **Minority Business:** __ Black/African American, __ Latino /
Hispanic American, __ Asian American, __ Indian/Native American / ☐ **Woman Business (White)**
7. Indicate services, commodities for which the firm would like to be recognized:

8. Indicate the number of years the firm has been in business under the present name: _____

9. Identify ALL individuals who own or share ownership of this firm:

NAME	RACE	SEX	% OF OWNERSHIP	YRS OF OWNERSHIP

10. Identify all individuals (owners and non-owners) who are responsible for the firm's day-to-day management including, but not limited to, those with primary responsibility for:

	Name	Race/Sex	Title	Yrs. with Firm
Financial Decisions				
Marketing & Sales				
Hiring & Firing of Personnel				
Purchasing Major Items & Supplies				
Supervision of Field Operations				
Signing of Legal Documents				

11. Federal Employer ID Number: _____ (IRS 941 Form)

Number of Employees: _____

12. Is the firm authorized to do business in North Carolina, in general, Asheville and Buncombe County, specifically including all required business licenses and professional registration? ☐ Yes ☐ No
Please provide copies of all relevant licenses and registration.

13. **REFERENCES.** List most significant clients, projects or jobs within the past two years.

Name of Company	Contact Name/Title	Telephone

FOR THOSE FIRMS IN THE CONSTRUCTION TRADES:

14. Indicate type of NC Contractor's License: _____ Number: _____

15. If firm is a potential prime contractor, give name of bonding company and bonding limit:

16. Firm's maximum operating radius: _____ Miles

17. List major equipment in the firm's possession (indicate type and quantity):

Certification Application Documentation

Please submit the following documents (and amendments thereto) with this application. **All of the information in the "FOR ALL BUSINESSES" section is required for all businesses. The additional information needed will depend on whether your firm is a corporation, partnership or sole proprietorship, a franchise or joint venture. (See list of items needed in those categories below.)**

FOR ALL BUSINESSES

- Resumes of all owners who are responsible for the day-to-day management of the firm.
- Banking signature cards for the business.
- Licenses (business, contractor, professional registration or certification).
- Proof of minority status, i.e. copy of driver's license, birth certificate, etc.

FOR A CORPORATION

- Articles of Incorporation and amendments.
- Corporation by-laws.
- Copy of stock certificates issued (both sides).
- Stock transfer ledger.

FOR A PARTNERSHIP

- Partnership agreement.

FOR A SOLE PROPRIETORSHIP

- Firm's assumed name certificate.

FOR A FRANCHISE

- Articles of Incorporation and amendments.
- Corporation by-laws.
- Copy of stock certificates issued (both sides).
- Stock transfer ledger.
- Franchise agreement.

FOR A JOINT VENTURE (EACH MB MUST BE CERTIFIED INDEPENDENTLY)

- Joint venture agreement.

AFFIDAVIT

(Please complete this portion of the form in the presence of a notary)

In understanding of the illegal nature of receiving public or private funds or other property as a consequence of false representation as to the status of the firm, I/we do herein certify under penalties which may be imposed by the County of Buncombe and/or the City of Asheville that this information may be used for the purpose of certifying the firm named in item one, page one as a Minority Business. I/we agree to make available for inspection to the Office of Minority Affairs any such information, which may be required to substantiate the degree of minority and/or female ownership and control of the firm. I/we also agree to arrange for on-site inspections of our firm's facilities in order to verify information provided in this document. I/we further agree that if, after completing this application, there are any significant changes in the information submitted, I/we shall notify the Office of Minority Affairs of those changes as soon as possible.

Signature _____ Date _____

Title _____ Name of Firm _____
(Minority Business Owner)

Corporate Seal (where appropriate)

TO BE COMPLETED BY NOTARY:

State of _____ County of _____

on this _____ day of _____, 20 _____ before me appeared

(Name) _____, to me personally

known, who, being duly sworn, properly did execute the foregoing affidavit, and did state that he or

she was properly authorized by (Name of Firm) _____

to execute the affidavit and did so as his or her free act and deed.

Notary Public _____

(Seal)

Commission Expires _____

***This affidavit declares said firm to be minority owned business
and said affidavit shall become a matter of public record.***

FOR OFFICE USE ONLY

Certification date _____ Certification number _____

Signature of Minority Affairs Coordinator _____